Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

	•	CLAIMS AS	FILED - I (Column		l (Colur	nn 2)	-	SMALL EN		OR	OTHER SMALL I	
TOTAL CLAIMS			10				ı	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS //			/O mini	// minus 20= * //			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				= 0			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	İ	TOTAL		OR OR	TOTAL	110	
	CI	_AIMS AS A	MENDED	- PAR	T II			101712		011	OTHER	THAN
		(Column 1)	WAS With special co.		mn 2)	(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	I CLAIM		J	+135=		OR	+270=	
		•						TOTAL		00	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		J	+135=		OR	+270=	
								TOTAL ADDIT. FEE	¥	OR	TOTAL ADDIT. FEE	
	*	(Column 1)		(Colu	ımn 2)	(Column 3))_			_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	1	X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	II CLAIN		J	+135=		· OR	+270=	
**	If the entry in colu If the "Highest Nu "If the "Highest Nu The "Highest Nun	mber Previously F	Paid For" IN THI Paid For" IN TH	S SPACE	is less that is less th	an 20, enter "20 an 3, enter "3."		TOTAL ADDIT. FEE	propriate bo	OR	TOTAL ADDIT. FEE	

App. No./Pat No.	Check A	Amt. #1		Fee Code	Fee Amt.	Paper#
09/837 351] _			
tty Docket No./Cust. No.			_,			
TPhOTS	Check	Amt. #2]]			
Paper Rec'd Date						
11/22/04			_ [·	
11/20/01	Depos	sit Acct.	7 [
Form Completed		0525	┪. ┟			
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	Credit Card	(See attached)				
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<i>*</i>	Refund	(See attached)				
	(PTO Employee - ple and amount(s) to be	ase circle the code(s) refunded/credited)				
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	09/837.8 From Code 14.53	Amount 1370.		To Code 14.53	'/' '/'	Paler#
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	09/837.8 From Code 14.53	Amount 1370.		To Code 14.53	Amount 1370	
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change Fee Code	09/837.8 From Code 14.53	Amount 1370.		To Code 14.53	Amount 1370	
Change Fee Code	09/837.8 From Code 14.53	Amount 1370.		To Code 14.53	Amount 1370	

PLEASE REMOVE THIS FORM BEFORE SENDING FILE OUT OF THE OFFICE OF PETITIONS